

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1			1			
2		1	3	1		
3	1		1			
4		3	3			
5	2		3			
6	3		3			
7	1		1			
8	1		1			
9	1		1			
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TOTAL IND.	2		2			
TOTAL DEP.	7	13				
TOTAL CLAIMS	9	15				

IND	DEP	IND	DEP	IND
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TOTAL DEP.				
TOTAL CLAIMS				